

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 21 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069922

1. Corporation Name

VC's Concepts, Inc.

2. Principal Office Address

2005 N.E. 198 Terrace

Suite, Apt. #, etc.

City & State

No. Miami Beach, Fla.

Zip

33179

Country

U.S.A.

3. Mailing Office Address

P.O. Box 693241

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33269

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

9/12/95

5. FEI Number

65-0606643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

2000-2001 UB

7. Name and Address of Current Registered Agent

Name

VIRGINIA CHIN

000004880100--5

Street Address (P.O. Box Number is Not Acceptable)

2005 N.E. 198<sup>th</sup> Terrace

-02/05/02-01037-014

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

City

No. Miami Beach

State  
FL

Zip Code

33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Virginia Chin

REGISTERED AGENT MUST SIGN

Date 11/1/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	VIRGINIA CHIN	(CEO/Director) 2005 N.E. 198 <sup>th</sup> Terr. N. M. B. Fla	33179

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Virginia Chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/01

Date

305-931-1649

Daytime Phone #

CR2ED81 (9/00)